

INTELLIGENT SERVICE FOR THE
BLIND

Bleecker Marquette

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INTELLIGENT SERVICE FOR THE BLIND*

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It has been suggested that the scope of this paper be limited to communities which have no special organization for the blind. In such communities whatever is done for the welfare of the blind will be primarily the function of health agencies and of family service organizations. Although it is intended undoubtedly that this discussion shall deal with those who have already lost their sight, it is impossible to discuss the subject properly without placing the very first emphasis upon prevention. It is the responsibility of health agencies in every community to make it their business to see to it that everything possible is done to prevent loss of sight. This seems first seeing to it that the requirements of the laws that now exist in practically every state in the union for treating the eyes of new born babies in order to prevent ophthalmia-neonatorum, be rigorously carried out on the part of all physicians delivering new born babies; combatting such infectious eye diseases as trachoma in those localities where they prevail, coöperating in the prevention of accidents in the home and in industry. It is essential also that every effort be made to disclose all cases of disease of eyes of children, both those under school age and those of school age and to see to it that they are properly taken care of by competent physicians. If there is no medical inspection in the schools or if it neglects eye defects then the health work must help to foster adequate service. Consideration needs to be given to those conditions in school life that affect sight, namely the lighting in school rooms and the size of type used in all text books. Children and parents need to be educated as to the fundamentals to be observed in avoiding undue strain on eyes, such as results from

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reading in poor artificial light and from excessive reading of small print.

Those who have lost their sight should be the concern of the family service organization. What shall the worker do when she discovers a child who is blind or whose vision is defective? First she should have the child carefully examined by a competent oculist—a physician specializing in diagnosis and treatment of diseases of the eye—and not by an optician or optometrist because they are not medically trained to deal with these conditions. If the physician finds there is no hope of restoring sight, then she should explore the facilities of the state and locate a school (and there are state schools for the blind now in almost every state) where the child can be properly equipped for life. He will be taught to read Braille and instructed in the vocation for which he is best fitted. In the case of unintelligent parents, she may have to do some pioneering work in prevailing upon them to send the child to such a school. With the child whose vision is defective she must see to it that he gets into a special class equipped to care for such children, either in his own locality or elsewhere. Here she can look for advice to the State Commission for the Blind existing now in almost all states.

The average case worker has a good deal to learn in dealing with blind clients. She needs first to realize that blind people are exactly like the rest of us in their mental make-up, some being endowed with remarkably fine intellects and others not so well endowed. They either start life with this serious handicap or it comes upon them later in life, and the latter is more frequent than the former. In the case of adult clients the visitor's first task is building up the client's morale to keep him from losing hope in the face of his handicap. His problem is even more difficult than that of the child because he has lost something he once had and the future seems to him to hold but little hope. To overcome this requires skill of a high order. She must convince him that despite his loss, if he will strive earnestly and courageously he can learn to read Braille and he can equip himself for some useful occupation. The intelligent blind person does not want to be dependent upon charity and above all, he does not want sentimental sympathy. What he seeks more than anything else is training for and placement in an occupation by which he can earn his living. For him as well as for us that is the chief objective of life.

It is not possible in the short compass of this paper to indicate the

various occupations for which the blind can best be trained, but a few can be mentioned. What is the best field for the individual client depends upon his personality, his mental equipment and his particular talents. Some intellectually inclined can be trained for teaching posts or for positions in social service with organizations for the welfare of the blind. Some can be assisted in setting up various types of stores or small businesses provided they are given some business training and some financial help. Some can find places in industry. The case worker can procure valuable advice from associations for the blind in nearby cities, from the State Commissions for the Blind or from the American Foundation for the Blind on this matter, but above all she must use her own ingenuity in sizing up her clients and their vocational possibilities. Most blind people even when their affliction overtakes them later in life, can if intelligent and industrious learn Braille. The friendly visitor needs to show them its value and to help them to acquire this knowledge. She can secure from the organizations already mentioned, instructions as to how to teach them and in this she may well use the services of volunteers. For those who do not succeed with Braille, she can help to make their lives happier by securing volunteers to read to them.

Nowhere in their entire field of social work is a knowledge of mental hygiene approach so vital as with handicapped people. Because of their handicaps they are prone to develop a feeling of inferiority. We know perfectly well that many people who have no physical handicap whatever, lose much of their efficiency and more of their enjoyment of life due to the fact that they feel inadequate to meet the ordinary problems of every-day life. How much more so then is this true of those crippled of body and those afflicted with heart disease, tuberculosis, deafness, speech defects or sightlessness. We know that there is a peculiar mental attitude that frequently accompanies heart disease and tuberculosis and which seriously complicates the problem of their rehabilitation, even though they have a considerable measure of working capacity. From every point of view the social worker is less effective when she lacks adequate preparation in mental hygiene. This lack is fortunately being corrected more and more as time goes on, especially in the younger group being trained in our schools of social work. Probably no development in the whole field of social work has been more striking than the increasing stress that is being placed upon this subject. The Mental Hygiene Division of the National Conference of Social Work has in recent years been

one of the most important and one of the best attended sessions of the entire conference. The social worker who has not been educated in this field can, if she is ambitious, educate herself by means of these conferences and by reading valuable literature on the subject. The National Committee for Mental Hygiene will gladly furnish selected reading lists on this subject.

The social worker needs to carry to the blind a spirit of optimism. She needs to be able to inspire and stimulate the blind client to a realization of his possibilities. She can often succeed in impressing upon her sightless client the fact that a blind person can be more sought after by those with whom he associates than people with sight, provided he is industrious, has a means of livelihood to which he applies himself and provided he assiduously cultivates an attitude of cheerfulness, buoyancy and kindly consideration for his fellows—qualities that most of us might well cultivate. Without these priceless qualities no one, with or without sight, ever gets the most out of life.

Something can be done by way of stimulating organizations which may conduct social gatherings in which the sightless are able to share their social enjoyment with those who have sight. For the blind client this is a great boon. He does not want to be left to himself, he does not want to be looked upon as different, he wants to be accepted in social intercourse exactly like the rest of us. No social worker can get far with this problem unless she thoroughly understands this point of view.

There are slackers and lazy, worthless blind just as there are among the rest of our population. The social worker has to learn to discriminate. She will urge such clients to help themselves. Little is gained by sentimental pampering of the shiftless blind. There are those in most communities who exploit the blind, sometimes because of lack of an intelligent understanding and sometimes for their own glory. We all know of cases where people establish homes for the blind where such homes may not be at all necessary, where they take in the never-do-wells and pauperize them and incidentally play upon the sympathy of the public and gain glory for themselves. The intelligent social worker will not be misled by such procedures but will learn to discriminate between the intelligent and the unintelligent handling of this problem.

Mental hygiene, so important in this particular problem, is coming to be regarded no longer as concerning itself with the care and the treatment of the mentally sick nor even with the prevention of mental

diseases alone, important as these things are. The new motive of mental hygiene as brought out so well by Dr. William A. White, at the International Congress on Mental Hygiene held in Washington in May, is to help people to succeed in the art of living. It is the aim and hope of mental hygiene that man may some day learn how to control himself as he has learned to control his environment. In no field of social work is the realization of this aim more to be sought than dealing with the sightless people of our communities.

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